

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR PROVIDING TEXTURES ON PRODUCTS
Attorney Docket Number::	2004-1001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NETHERLANDS
Status:: Full Capacity
Given Name:: ADRIAAN
Middle Name:: HENDRIK
Family Name:: VAN KRIEKEN
City of Residence:: HARDERWIJK
State or Province of Residence::
Country of Residence:: NETHERLANDS
Street of Mailing RIETGORSMEEN 61
Address::
City of Mailing Address:: HARDERWIJK
State or Province of Mailing Address::
Country of Mailing Address:: NETHERLANDS
Postal or Zip Code of Mailing Address:: 3844 NL

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NETHERLANDS
Status:: Full Capacity
Given Name:: RENZO
Middle Name:: BOUWE
Family Name:: VAN DER PLAS
City of Residence:: APELDOORN
State or Province of Residence::
Country of Residence:: NETHERLANDS
Street of Mailing SCHAAPWEG 21
Address::
City of Mailing Address:: APELDOORN
State or Province of Mailing Address::
Country of Mailing Address:: NETHERLANDS
Postal or Zip Code of Mailing Address:: 7312 AN

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL00/00618	9/4/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1012972	9/3/99	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::